

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS
	IND	DEP	IND	DEP	IND	DEP	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
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18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29	1						
30	1						
31	1						
32	1						
33	1						
34	1						
35	6						
36	6						
37	1						
38	1						
39	1						
40	1						
41	1						
42	1						
43	1						
44	1						
45	1						
46	1						
47	1						
48	1						
49	1						
50	1						
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

TOTAL IND. 5  
TOTAL DEP. 38  
TOTAL CLAIMS